

Zemenu Yohannes<sup>1</sup> and Zelalem Tenaw<sup>2</sup>

<sup>1</sup> Hawassa university college of medicine and health sciences

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## Abstract

Back ground: Adolescent is an experimental and transitional time to adulthood, they also susceptible to different sexual and reproductive health problems. Almost all of studies weren't addressed on repetition of parent-adolescent communication on sexual and reproductive health issues. This study aimed to assess repetition of parent-adolescent communication on sexual and reproductive health matters among secondary and preparatory school students in Yirgalem Town, South Ethiopia. Methods: An institution based cross sectional study was conducted in 2015. A 684 high school adolescents were recruited by simple random sampling method in Yirgalem Town. Focus group discussion qualitative was used through separately for female and male parents. Data were entered using Epi Info version 3.5.1 was exported and analyzed by SPSS version 20. Bivariate and multivariate logistic regression was used to identify repetition of adolescent-parent communication.

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*Index terms*— repetition, parent- adolescent communication, yirgalem, ethiopia.

## 1 I. Introduction

Adolescent is experimental, transitional and enjoyment time, they also susceptible to different sexual and reproductive health problems. Neglect of this group will not progress and achieve to sustainable development goal, meanwhile parentadolescent communication on sexual and reproductive health is pivotal to reduce reproductive health problems and develop self-confidence for future [1]. There are 1.2 billion adolescents live in the world. Half of the population in 17 developing countries were under the age of 18. Currently over 20.19 million (24.1%) of the adolescents live in Ethiopia [2, 3, ??]. Now days 11% of birth and 14% of maternal death was occurred under the age of 19, almost 95% of adolescents birth was happened in developing countries [5,6]. Every year in the world, adolescents are experiencing 7.4 million unintended pregnancies and 3 million unsafe abortions, especially in sub African every day 270 teenage pregnancies [7,8]. In the other hand in the world, an estimated 1,300,000 adolescent girls and 780,000 adolescent boys are living with human immunodeficiency virus (HIV) [9]. Sexual and reproductive health matter communication is taking a lion shares' to transmit sexual values, beliefs, expectations, knowledge and experience between parents and adolescents [10]. Likewise, parent-adolescent communication is a fundamental means to transmit ideas, real situations, existing things, expectations, knowledge, their life experiences and the current conditions of parentadolescent relations'. Parents are spent most of the time with their adolescent; they have an opportunity to communicate with their adolescents on a daily basis and can play a critical role in shaping their adolescents transitioned to adulthood. Most of the parents would like to communicate their adolescent about sexual matters superficially, due to lack necessary communication skills, knowledge, or comfort [11,12,13]. Over all the past five decades children mortality among under five decrease by 80%, meanwhile adolescents mortality rate were improved by 41-48% [9]. Generally to decrease significantly adolescents morbidity and mortality Parentadolescent communication about sexual and reproductive health issues were crucial and can greatly reduce adolescents' sexual risk [14]. There is very little data available in the study area. Therefore, this study was planned to determine the prevalence of repetition parent-adolescent communication on sexual and reproductive health matters among secondary and preparatory school students in Yirgalem Town, South Ethiopia.

## 11 A) SOCIO DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

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### 2 II. Methods

#### 3 a) Study setting and populations

The study was a cross sectional quantitative design and qualitative study were triangulated. conducted from February to March 2015, 2 secondary and preparatory schools in Yirgalem, Southern Nation Nationalities regional state of Ethiopia .It covers 28 square kilometers and had an estimated population of 38,438 [15].The study population was all students from grade 9 to grade 12 who unmarried adolescents in the age group 10-19 years were included in the study and sick and unable to read local language were excluded in the study. Among 7035 students in the academic years 2014/2015. From this, 54.9% were females and 45.1% were males [16]. There are 684 study participants were selected by simple random sampling technique.

#### 4 b) Sample size determination

Sample size was determined by using single population proportion formula by considering assumption of parent-adolescent communicating on sexual and reproductive health issues were 69.5% [6], desired precision of 5%, 95% confidence level. Ten percent for non-response rate, 684 students were required for the study.

#### 5 c) Data Collection

Pre-tested an anonymous self-administered structured questionnaires were prepared after reviewing different relevant literatures [17,18,19]. The questionnaires were first prepared in English and then translated to Amharic, the local language of the respondents in the study area. The data were collected using self-administered structured questionnaire. The questionnaires were administered to all students during the data collection period, and who met the inclusion criteria.

#### 6 d) Data Quality Control

Data were collected by two days trained eight Diploma nurse on the objectives of the study, sampling procedure, checking the completeness of questionnaires. Questionnaires were pre-tested at Leku high school to assess clarity, flow and consistency and revised prior to start data collection.

#### 7 e) Focus group discussion

A series of four focus group discussions were carried out among purposively selected parents who have adolescents age 10-19 years enrolled in high school in Yirgalem Town. The criteria to select study participants on focus group discussion was purposively sampling techniques were used. The kebele leader was told about the objective of the study and then selected those parents who have adolescents age 10-19, who can explain /express their ideas thoroughly. Moreover, the characteristics of the study participants were similar in socio-demographic like (age, sex etc). The facilitators /moderators were principal investigators and trained health extension workers who can take note and as well as moderates the female parents to increase the quality of information. The focus group discussion was conducted separately mothers and fathers increase the quality of information that could be generated ideas and the confidence of the respective parents. To understand /to get their opinion fully tape recorder was used. There were eight participants in each group. A semi structured questionnaire guideline was used to lead the discussion.

#### 8 f) Data analysis

Data were entered using Epi Info version 3.5.1 and exported to analyze SPSS version 20.0. Bivariate analysis was done to see the association of each independent variable with the outcome variable. Potential confounders (important) variables were entered into binary logistic regression model to identify the effect of each independent variable with the outcome variables. A p-value of less than 0.05 was considered statistically significant, and adjusted odds ratio with 95 % CI was calculated to determine association. Finally, the result was presented in texts, tables and graphs. For Qualitative, data were transcripts and translated to English. FGD study components were present by using quotes and explanations.

#### 9 g) Ethical consideration

Ethical approval and clearance was taken from institutional review board of College of Medicine and Health Sciences, Hawassa University. Regional Education Bureau also gave permission to conduct the study. After explaining the purpose of the study, verbal informed consent was obtained from respondents before data collection. The right to withdraw the study at any time was also assured. Coding was used to eliminate names and other personal identification of respondents throughout the study process to ensure participants confidentiality.

### 10 III. Results

#### 11 a) Socio demographic characteristics of the respondents

A total of 660 participants were recruited for the study, which makes the response rate 96.5 %.

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96 Among the respondents 339(51.4%) were females, 316 (47.9%) were from grade 9 followed by grade 10, 11 and  
97 12 accounting 243(36.8%), 49(7.4% and 52(7.9%) respectively and 50.6% were aged 13-16, while the rest were  
98 aged 17 to 19 years old. Their living arrangement 532 (80.6%) o were living with their both parents and 64  
99 (9.7%) were living with others (Table ??).

100 The educational status of parents were 49 (7.4%) of fathers and 99 (15%) of mothers could not read and write,  
101 while 146 (22 or monthly on HIV/AIDS (Table 7).One hundred fifty six literate fathers were discussed sometimes  
102 or monthly on HIV/AIDS (Table ??). This is evident from the parent response, "I discuss my adolescents  
103 related to reproductive health problems especially HIV/AIDS ?and its consequences?.like school drop, social  
104 stigmatization, meanwhile, I discussed my male adolescent sexual intercourse made underage with girl might be  
105 accused and went to prison as that time, school drop, their vision will become dark" a 50-year-old male discussant.  
106 Another parent discussant "we have daily discussion regarding their activities, everyone have daily reports where,  
107 with whom, after that every things discuss before dinner, we have also "betseb gubaye" which means daily dairy  
108 reports from adolescents and how to overcame the problems a 54-year-old male" discussant.

109 A 46 years female discussant "we have family meeting & discussion with my adolescent open dialogue about  
110 reproductive health issues like the advantage of abstinence, STI and consequence, menstruation, puberty or  
111 sexual intercourse negative consequence and sexual intercourse positive consequence throughout on their life.  
112 On the other hand every my adolescents have weekly reports regarding their activities". "He said that I am  
113 desired to communicate with my adolescents regarding sexual and reproductive health matters, but difficult to  
114 communication lack of skill and the topics how to discuss." A 60 years male discussant.

## 115 **12 Table 3 : Repetition of parent-adolescent communication on** 116 **sexual and reproductive health matters (N=390)**

117 In bracket is percent Multiple responses are possible Three hundred eighty respondents had discussed about  
118 addictions most of parent-adolescent communication on chat chewing (Figure ??).

## 119 **13 c) Factors associated with repetition of parentadolescent** 120 **communication on sexual and reproductive health issues**

121 Three hundred ninety (59.1%) of adolescents recognized the importance to discuss about sexual and reproductive  
122 health issues with their parents. However, most of students were discussed some times or monthly at least one  
123 topic sexual and reproductive health issues. Parents 2.3 times monthly were discussed on HIV/AIDS than others  
124 [AOR = 2.296, 95% CI: 1.500-3.514]. Parents 1.4 times were discussed on chat than others [AOR = 1.379, 95%  
125 CI: 1.175-2.574]. Parents 1.5 times were discussed on alcohol than others [AOR = 1.496, 95% CI: 1.003-2.232]  
126 (Table ??).

## 127 **14 IV. Discussion**

128 The prevalence of parent-adolescent communication on sexual and reproductive health issues among adolescents  
129 in this study was 59.1%. This finding is slightly lower than the study was conducted in Nekmete 65.5% [18].  
130 But higher than compared to the studies were done in other parts of Ethiopia [19,20,21]. This might be due  
131 to demographic and cultural difference. Parents 2.3 times monthly were discussed on HIV/AIDS than others  
132 [AOR = 2.296, 95% CI: 1.500-3.514]. Inconsistently the study was done in USA adolescent discussed their parent  
133 about sex 52.4% of parents said that very comfortable, but 25 % parents said that somewhat less comfortable  
134 [10]. This finding, Parents 1.4 times were discussed on chat than others [AOR = 1.379, 95% CI: 1.175-2.574].  
135 Similar study was done in USA adolescents were communicated atleast one topics in the past six month [22].  
136 In this study, Parents 1.5 times were discussed on alcohol than others [AOR = 1.496, 95% CI: 1.003-2.232].  
137 Another study was done Caribbean family connectedness, school connectedness religious and individual values  
138 of reduced the likelihood sexual activity [1].In this study parent adolescent communication 71(10.2%) were made  
139 sexual intercourse. Other findings in USA parents were discussed with telling family culture to increase parent  
140 adolescent bond [23]. In this finding, from parent adolescent did not discuss 74(11.2%) were made sexual  
141 intercourse. Another study was done in USA adolescents who viewed religions as very important 27% were  
142 less likely to ever have had sex compared to adolescents who did not view religion as very important [OR =0  
143 .75, 95% CI: 0.67-0.86] [24,25].Approximately one third of (N=1,076 or 32% of respondents reported frequent  
144 attendance (atleast one per week) at religious services. Those adolescents who attended services frequently were  
145 46% less likely to ever have had sex compared to adolescents who attended religion services less frequently or  
146 not at all [OR = 0.55, 95% CI: 0.49-0.63]. Among (N=1,4233 or 62% respondents reported that they had had  
147 abstinence plus education .The first topic they had discussed to their parents about were 15% less likely to ever  
148 have had sex [OR =0 .85, 95% CI: 0.77-0.95] [24].

## 149 **15 V. Conclusion**

150 In this study repetition of parent-adolescent communications on sexual and reproductive health, issues were very  
151 low. Parents 2.3 times monthly were discussed on HIV/AIDS than others [AOR = 2.296, 95% CI: 1.500-3.514].

152 **16 VI. Recommendation**

153 The community would be established reproductive health club. The mass media also give coverage regarding  
 154 this issue. Sensitize the community to encourage open discussion among family members in general and between  
 155 parents and adolescents in early age. It is important to encourage and empower parents to start to communicate  
 156 with their adolescents on sexual matters while the adolescents are still in late childhood or early teenage years,  
 157 before they become sexually active. The health extension workers train parents how to communication their  
 158 adolescents. Role model families' and adolescent shares their experience. Stake holders encourage social norms like  
 159 waiting sex intercourse until marriage and begin to give scholarship like short term training those especially delay  
 160 sexual intercourse until youth. Further qualitative and analytical study design is recommended on adolescents  
 and parents communication. <sup>1 2</sup>



Figure 1: Figure 2 :

occupations of fathers 215 (32.6%) were farmers, 253  
 (38.  
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Figure 2:

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<sup>2</sup>Repetition of Parent-Adolescent Communication on Sexual and Reproductive Health Matters in High School Students in Yirgalem Town, South Ethiopia

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**3**

[Note: \*Others like catholic, Adventists ?Others like Tigre, wolyita, silti]

Figure 3: Table 3 :

**4**

's educational and occupational status  
among (N=660)

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Figure 4: Table 4 :

RH issues	Always	Weekly	Some times
Contraceptive	56(8.5)	58(8.8)	124(18.8)
HIV/AIDS	87(13.2)	68(10.3)	187(28.3)
Sexual intercourse	46(7)	59(8.9)	116(17.6)
Unwanted pregnancy	70(10.6)	51(7.7)	117(17.7)
Premarital sex	68(10.3)	52(7.9)	91(13.8)
condom	46(7)	82(12.4)	91(13.8)
Puberty	54(8.2)	39(5.9)	160(24.2)

Figure 5:

**4**

In bracket is percent  
Multiple responses are possible  
NB. Total numbers of students who communicate their parents in grade 9-10 are 311.  
Total numbers of students who communicate their parents in grade 11-12 are 79.

Figure 6: Table 4 :

**5**

In bracket is percent  
Multiple responses are possible  
NB total numbers of literate mothers are 208.  
Total numbers of illiterate mothers are 40.

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Figure 7: Table 5 :

6

Figure 8: Table 6 :

SRH issues	Fathers educational status	Frequency of parent-ad communication			
		Always	Weekly	Monthly	Never
Contraceptive	Illiterate	5(27.8)	7(38.5)	10(52.7)	2(10.5)
	Literate	50(40.3)	45(36.0)	45(36.0)	45(36.0)
HIV/AIDS	Illiterate	10(55.6)	2(11.1)	10(55.6)	2(11.1)
	Literate	70(56.5)	58(46.4)	42(33.6)	42(33.6)
Sexual intercourse	Illiterate	2(11.1)	2(11.1)	10(55.6)	2(11.1)
	Literate	39(31.5)	54(43.2)	42(33.6)	42(33.6)
Unwanted pregnancy	Illiterate	7(38.9)	7(38.9)	10(55.6)	2(11.1)
	Literate	61(49.2)	42(33.6)	42(33.6)	42(33.6)
Do not having sex until marriage	Illiterate	7(38.9)	7(38.9)	10(55.6)	2(11.1)
	Literate	59(47.6)	45(36.0)	42(33.6)	42(33.6)
Condom	Illiterate	2(11.1)	2(11.1)	10(55.6)	2(11.1)
	Literate	40(32.3)	63(50.4)	42(33.6)	42(33.6)
Puberty	Illiterate	2(11.1)	2(11.1)	10(55.6)	2(11.1)
	Literate	49(39.5)	30(23.8)	42(33.6)	42(33.6)
variable		Communications on SRH issues			
		yes	no	COR	AO
Those who sometimes discuss on contraceptive		88	36		
yes		302	234	1.894(1.240-2.893)	
Those who always discuss on HIV/AIDS		60	27		
yes		330	243	1.636(1.009-2.654)	
Those who sometime discuss on HIV/AIDS		140	47		
yes		250	223	2.657(1.823-3.872) *	
Those who weekly discuss on unwanted pregnancy		38	13		
yes		352	257	2.134(1.114-4.088)	
Those who sometimes discuss on unwanted pregnancy		83	34		
yes		307	236	1.877(1.216-2.895)	
Those who always discuss on having not premarital until marriage		48	20		
yes		342	250	1.754(1.016-3.030)	
Those who sometimes discuss on having not premarital until marriage		64	27		
yes		326	243	1.767(1.094-2.854)	
Those who always discuss on condom		32	14		
yes		358	256	1.634(0.855-3.125)	
Those who sometimes discuss on condom		60	31		
yes		330	239	1.402(0.881-2.230)	
Those who always discuss on Puberty		40	14		
yes		350	256	2.090(1.113-3.922)	



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## 167 .2 Competing interests

168 All authors declare that they have no competing of interests. Abbreviation AIDS: acquired immune deficiency  
 169 syndrome AOR: adjusted odds ratio HIV: human immune deficiency viruses USA: United State of America  
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## 16 VI. RECOMMENDATION

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